

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/060579</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	6										

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* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	6					
Total Depend	26					
Total Claims	32					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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